

Work Order ID 107201

September-23-13 11:23:33 AM

107201

Page 1

Item ID: D4023-3

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Cap And Flange

Stop

NS2

Start Date: 9/23/13 Start Qty: 4.00

4

Cust Item ID:

Required Date: 9/23/13 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals: Process Plan: *PL*

Date: 13-09-23 Tooling:

Date:

Run

Start

NR1

QC:

Date: SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
D4023	B

100 0.00

100

Purchasing

Memo

0.00

13/09/2013 (4)

Purchasing

Issue P/O: *Q1499*

Purchase part as per Dwg D4023

Part #:A4NS

Possible Supplier: Fuel Safe Systems

Material release note required

110

Receive & Inspect for Damage & Mat'l Certs 0.00

110

Packaging

Memo

0.00

Packaging

13/09/2013 (4)

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
			Work Order Update <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
				Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Other <input type="checkbox"/>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>						
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>						
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>						
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>						
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>							
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>							
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>						
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>								
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>								
Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>									
Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>									

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Page 2

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Setup

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NS1

Revision ID:

Item Name: Cap And Flange

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NS2

Start Date: 9/23/13 **Start Qty:** 4.00

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Cust Item ID:

Required Date: 9/23/13 **Req'd Qty:** 4.00

4

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

**Sequence ID/
Work Center ID**

**Operation
Description**

**Set Up/
Run Hours**

Tool ID

Tool #

**Plan
Code**

**Accept
Qty**

**Reject
Qty**

**Reject
Number**

**Insp.
Stamp**

120

120

QC

Quality Control

QC6- Inspect dimensions to drawing

0.00

DAS
27
9-89

13 9 27

4

130

130

Packaging

Packaging

Identify as per dwg & Stock Location: W4003 0.00

0.00

4X

04
28

13-09-27

140

140

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

0.00

80

13-09-30

RB 0930

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear				General						
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>					
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>					
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>					
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>					
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>						
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>						
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>					
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>							
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>							
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>							
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>							

Picklist Print

September-23-13 11:23:33 AM

Page 1

Work Order ID: 107201

Parent Item: D4023-3

Parent Item Name: Cap And Flange

Start Date: 9/23/13

Required Date: 9/23/13

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP Rev A 11.05.31 new issue EC verified by: JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
A4NS Fuel Cap		Purchased	No			100	Each	0.0000	1	4		9/23/2013	(4)

NCR: Yes / No

DQA: _____ Date: _____

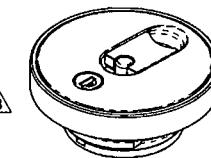
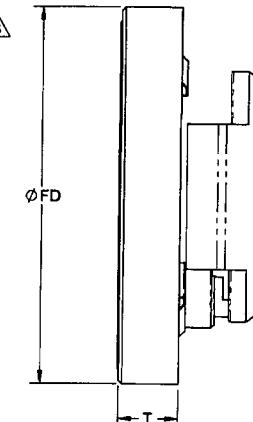
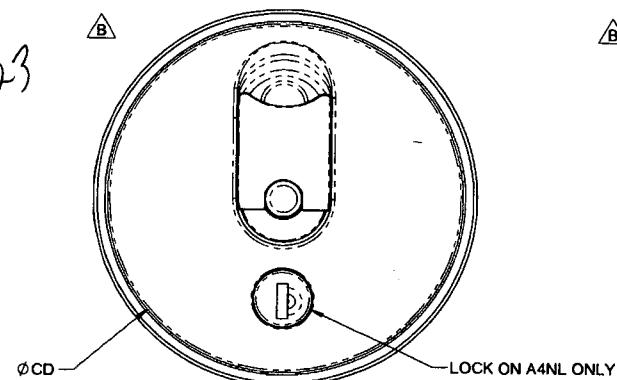
WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS																
Part No. _____	Work Order:	NCR No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector										
Doc/Data																					
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Supplier																					
Training																					
Unapproved																					
FAULT CATEGORY																					
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled					

DART AEROSPACE PART NUMBER	JOHN CAMERON AVIATION PART NUMBER
D4023-1	NO REFERENCE
D4023-3	NO REFERENCE

SPECIFICATION CONTROL DRAWING



DART PART NUMBER	MANUFACTURER	MANUFACTURER PART NUMBER	POSSIBLE SUPPLIER	SUPPLIER PART NUMBER	FLANGE DIAMETER "FD"	FLANGE THICKNESS "T"	CAP DIAMETER "CD"
D4023-1	NEWTON EQUIPMENT	A512FF	AIRCRAFT SPRUCE AND SPECIALTY	05-02650	4.17	0.69	3.92
		A50SG	C.O.R.E AVIATION (PREFERRED)	A50SG			
D4023-3	NEWTON EQUIPMENT	A4NS (NON-LOCKING) (PREFERRED)	FUEL SAFE SYSTEMS	A4NS	3.25	0.51	3.01
		A4NL (LOCKING) (ALTERNATE)	FUEL SAFE SYSTEMS	A4NL			

RELEASED

2011-05-30

D4023-X CAP AND FLANGE

B	ADD-3	AS	11.05.11
A	NEW ISSUE	HS	10.02.05
REV.	DESCRIPTION	BY	DATE
DESIGN	<input checked="" type="checkbox"/>	DART AEROSPACE LTD	
DRAWN	<input checked="" type="checkbox"/>	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<input checked="" type="checkbox"/>	DRAWING NO.	REV. B
MFG. APPR.	<input checked="" type="checkbox"/>	DSC-D4023	SHEET 1 OF 1
APPROVED	<input checked="" type="checkbox"/>	TITLE	SCALE
DE APPR.	<input checked="" type="checkbox"/>	FUEL CAP	NTS
DATE	11.05.11	COPYRIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED UNDER THE CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD	

NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.13 lbs



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO21499**

Purchase Order Date 9/26/2013

PO Print Date 9/26/2013

Page Number 1 of 1

Order From :
FUEL SAFE SYSTEMS
1550 NORTH EAST KINGWOOD AVE

REDMONT, OREGON 97756
US

VU-FUE001

Ship To : DART AEROSPACE LTD
1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

FAXED
6/13/09/16

Contact Name	Buyer	Chantal Lavoie
Vendor Phone	Customer POID	
	Customer Tax #	10127-2607
Ship To Contact	Terms	Net 30
Ship To Phone	Currency	USD
Ship Via:	FOB	Destination-Collect
Ship Acct:		

Line Nbr	Reference Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	CD	Req Qty/ Unit of Measure	PO Unit Price	Extended Price
Line Comments			Promise Date				
Delivery Comments							
1	A4NS	Fuel Cap	10/2/2013 Yes 10/2/2013	4.00 Each		\$204.90	\$819.60

AS PER DWG D4023 REV. B
B107201

Line Total: \$819.60

PO Total: \$819.60

CL *SF*

Note: Pricing listed above is as per contract agreement between Dart Aerospace and the respective manufacturer.

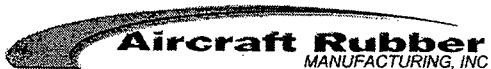
No substitution or deviation without consent.

Certificate of Conformity or Material Certification required - YES NO
PST# 6122-5207

Change Nbr: 1 Change Date: 9/26/2013

Commercial Invoice - Exporter

Page: 1


dba Fuel Safe Systems

1550 NE Kingwood Avenue
Redmond, OR 97756 USA
PH (541) 923-6005 Fax (541) 923-6600
Tax ID# 20-1237625

Sold To:

Dart Aerospace, Ltd
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Canada

Ship To:

Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Canada

Fax: (613) 632-1053

Invoice Number: 0080860-IN

Invoice Date: 9/26/2013

Order Number: 0063336

Order Date: 9/26/2013

Salesperson: Rob Held

Customer Number: DARTAER

Customer P.O.	Ship VIA	Incoterms 2000:	Terms				
PO21499	FEDEX INT P	EXW	Net 30 Days				
Tracking/BOL #: 5434 2056 6809;	# Packages: 1	IS Net Weight 0	HS Code: 8708.29.5060				
Line#	Item Number	Unit	Ordered	Shipped	B/O	Price	Amount
	Use Customer's FEDEX account #151793240.						
1	A4NS Flush Cap, Aircraft Style Cap, 3", No Lock & Weld on neck	EACH	4	4	0	204.90	819.60

Net Product Total 819.60

Shipping & Handling: 0.00

US Currency Net Invoice: 819.60

By ordering for shipment any material or product under this contract, buyer agrees to all the terms and conditions contained on the reverse, which are incorporated by reference herein.

These Commodities were exported from the United States in Accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

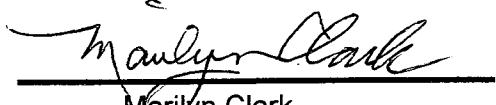
Aircraft Rubber
MANUFACTURING, INC

CERTIFICATE OF COMPLIANCE

Date of Certificate: 09-26-2013
Certifying Agency: Aircraft Rubber Manufacturing Inc.
1550 NE Kingwood Ave
Redmond, OR 97756
Customer: Dart Aerospace, Ltd.
1370 Aberdeen Str.
Hawkesbury, ON K6A 1K7
Canada
P.O. #: PO 21499
ARM Order #: 0063336
Drawing #: D4023 Rev B
Product: Fuel Cap
Part #: A4NS
Quantity: (4)
Date of Manufacture: 09-26-2013
Certification:

Aircraft Rubber Manufacturing Inc. certifies that the above referenced item, supplied under the above referenced purchase order, is in conformance with all known requirements.

Authorized Signature



Marilyn Clark

Aircraft Rubber Manufacturing Inc.
dba Fuel Safe Systems
1550 NE Kingwood Avenue
Redmond, OR 97756
Phone: (541) 923-6005 * Fax: (541) 923-6015